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NEWS 10 JAN 07 WPIDS, WPINDEX, and WPIX enhanced Japanese Patent  
Classification Data

NEWS EXPRESS JUNE 27 08 CURRENT WINDOWS VERSION IS V8.3,  
AND CURRENT DISCOVER FILE IS DATED 23 JUNE 2008.

NEWS HOURS STN Operating Hours Plus Help Desk Availability  
NEWS LOGIN Welcome Banner and News Items  
NEWS IPC8 For general information regarding STN implementation of IPC 8

Enter NEWS followed by the item number or name to see news on that  
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\* \* \* \* \* STN Columbus \* \* \* \* \*

FILE 'HOME' ENTERED AT 07:17:57 ON 30 JAN 2009

=> file .meeting  
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Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files  
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ENTER A FILE NAME OR (IGNORE):ignore  
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FILE 'BIOTECHNO' ENTERED AT 07:18:14 ON 30 JAN 2009

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=> hCG and (menstrual blood)

L1	0 FILE AGRICOLA
L2	1 FILE BIOTECHNO
L3	0 FILE CONFSCI
L4	0 FILE HEALSAFE
L5	0 FILE LIFESCI
L6	0 FILE PASCAL

TOTAL FOR ALL FILES

L7	1 HCG AND (MENSTRUAL BLOOD)
----	-----------------------------

=> d 17 ibib abs total

L7 ANSWER 1 OF 1 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:16205501 BIOTECHNO

TITLE: Induction of ovulation by LH-RH pump  
INDUCTION DE L'OVULATION PAR POMPE A LH-RH

AUTHOR: Fenichel P.

CORPORATE SOURCE: Service d'Endocrinologie, Centre de Lutte contre  
l'Infertilité du CHU de Nice, Hopital de l'Archet,  
06012 Nice Cedex, France.

SOURCE: Revue Francaise de Gynecologie et d'Obstetrique,  
(1985), 80/11 (849-855)  
CODEN: RFGOAO

DOCUMENT TYPE: Journal; Article  
COUNTRY: France  
LANGUAGE: French  
SUMMARY LANGUAGE: English  
AN 1985:16205501 BIOTECHNO

AB The induction of ovulation by pulsatile administration of LH-RH is an extremely attractive method because it appears to be entirely physiological. It only remains for the practical details to be precisely defined, when it is probable that it can ultimately replace induction by administration of HMG and hCG.

=> hCG and (mentruous or menstruation)

L8 1 FILE AGRICOLA  
L9 43 FILE BIOTECHNO  
L10 0 FILE CONFSCI  
L11 0 FILE HEALSAFE  
L12 3 FILE LIFESCI  
L13 89 FILE PASCAL

TOTAL FOR ALL FILES

L14 136 HCG AND (MENTRUOUS OR MENSTRUATION)

=> (mentruous or menstruation) (4A) blood

L15 6 FILE AGRICOLA  
L16 7 FILE BIOTECHNO  
L17 0 FILE CONFSCI  
L18 2 FILE HEALSAFE  
L19 2 FILE LIFESCI  
L20 17 FILE PASCAL

TOTAL FOR ALL FILES

L21 34 (MENTRUOUS OR MENSTRUATION) (4A) BLOOD

=> (mentruous or menstruation or menstrual) (3A) blood

L22 22 FILE AGRICOLA  
L23 124 FILE BIOTECHNO  
L24 9 FILE CONFSCI  
L25 6 FILE HEALSAFE  
L26 43 FILE LIFESCI  
L27 358 FILE PASCAL

TOTAL FOR ALL FILES

L28 562 (MENTRUOUS OR MENSTRUATION OR MENSTRUAL) (3A) BLOOD

=> 128 and hCG

L29 0 FILE AGRICOLA  
L30 5 FILE BIOTECHNO  
L31 0 FILE CONFSCI  
L32 0 FILE HEALSAFE  
L33 0 FILE LIFESCI  
L34 2 FILE PASCAL

TOTAL FOR ALL FILES

L35 7 L28 AND HCG

=> dup rem

ENTER L# LIST OR (END):135

PROCESSING COMPLETED FOR L35

L36 7 DUP REM L35 (0 DUPLICATES REMOVED)

=> d 136 ibib abs total

L36 ANSWER 1 OF 7 PASCAL COPYRIGHT 2009 INIST-CNRS. ALL RIGHTS RESERVED. on  
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ACCESSION NUMBER: 2008-0366269 PASCAL  
COPYRIGHT NOTICE: Copyright .COPYRGT. 2008 INIST-CNRS. All rights reserved.  
TITLE (IN ENGLISH): Serum Level of Anti-Mullerian Hormone in Early Follicular Phase as a Predictor of Ovarian Reserve and Pregnancy Outcome in Assisted Reproductive Technology Cycles  
AUTHOR: DEGHANI-FIROUZABADI Razieh; TAYEBI Naeimeh; ASGHARNIA Maryam  
CORPORATE SOURCE: Clinical and Research Center for Infertility, Shaheed Sadoughi University, Yazd, Iran (Islamic Republic of)  
SOURCE: Archives of Iranian medicine, (2008), 11(4), 371-376, 28 refs.  
ISSN: 1029-2977  
DOCUMENT TYPE: Journal  
BIBLIOGRAPHIC LEVEL: Analytic  
COUNTRY: Iran (Islamic Republic of)  
LANGUAGE: English  
AVAILABILITY: INIST-27834, 354000200363570020

AN 2008-0366269 PASCAL

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AB Background: Anti-Mullerian hormone is produced by the granulosa cells of preantral and small antral follicles. The objective of this study was to investigate whether anti-Mullerian hormone and antral follicle count can be useful in predicting the ovarian reserve and pregnancy outcome in assisted reproductive technology cycles. Methods: This prospective study included a total of 60 patients attending an assisted reproductive technology program. Patients with an oocyte count of  $\geq 4$  were considered good responders (group A); those with  $< 4$  oocytes were considered as poor responders (group B). On day three of the menstrual cycle, blood sample was taken from each woman for the measurement of serum levels of FSH, LH, E2, and anti-Mullerian hormone. Thereafter, ovarian ultrasound scanning was performed to evaluate the number and size of antral follicles. Results: Parameters such as serum FSH, LH, and E2 levels were not statistically different between the two groups. Meanwhile, the difference between serum anti-Mullerian hormone levels, AFC, HCG day follicle counts, and retrieved oocyte counts were statistically significant in the two groups. The mean $\pm$ D serum anti-Mullerian hormone level was  $34.22 \pm 13.95$  and  $12.53 \pm 9.4$  pM/mL in groups A and B, respectively ( $P=0.002$ ). The number of chemical pregnancies was seven versus three in groups A and B, respectively ( $P=0.014$ ), whereas the number of clinical pregnancies was six versus two in groups A and B, respectively ( $P=0.52$ ). Conclusion: It appears that there is an association between the serum level of anti-Mullerian hormone in early follicular phase and ovarian reserve. Furthermore, a higher serum level of anti-Mullerian hormone on day three is associated with chemical pregnancy success.

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ACCESSION NUMBER: 2004-0443613 PASCAL  
COPYRIGHT NOTICE: Copyright .COPYRGT. 2004 INIST-CNRS. All rights reserved.  
TITLE (IN ENGLISH): Ovarian age-related responsiveness to human chorionic gonadotropin in women with polycystic ovary syndrome  
AUTHOR: PILTONEN Terhi; KOIVUNEN Riitta; PERHEENTUPA Antti; MORIN-PAPUNEN Laure; RUOKONEN Aimo; TAPANAINEN Juha S.

CORPORATE SOURCE: Department of Obstetrics and Gynecology, Oulu University Hospital, 90014 Oulu, Finland; Departments of Obstetrics and Gynecology and Physiology, University of Turku, 20521 Turku, Finland; Department of Clinical Chemistry, Oulu University Hospital, 90014 Oulu, Finland

SOURCE: The Journal of clinical endocrinology and metabolism, (2004), 89(8), 3769-3775, 32 refs.

ISSN: 0021-972X CODEN: JCEMAZ

DOCUMENT TYPE: Journal

BIBLIOGRAPHIC LEVEL: Analytic

COUNTRY: United States

LANGUAGE: English

AVAILABILITY: INIST-6022, 354000113907220250

AN 2004-0443613 PASCAL

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AB Ovarian steroid secretion capacity starts to decline as early as around the age of 30 yr. Whether an age-related decrease in androgen secretion, as in normal women, also occurs in women with polycystic ovary syndrome (PCOS) and whether the enhanced androgen production in PCOS remains throughout the fertile period of life are not known. The aim of this study was to determine the age-related serum basal and gonadotropin-stimulated androgen levels in women with PCOS and to compare the results with those obtained from our previous study in healthy women with normal ovaries. Human chorionic gonadotropin (hCG) stimulation tests were carried out among 42 women with PCOS (age, 16-44 yr; body mass index,  $31.02 \pm 1.1$  kg/m<sup>2</sup>). An im injection of 5000 IU hCG was given 2-4 d after spontaneous or progestin-induced menstrual bleeding, and blood samples for LH, FSH, inhibin B, 17-hydroxyprogesterone, androstenedione (A), testosterone (T), and estradiol assays were collected at 0, 24, 48, and 96 h. In women with PCOS, basal serum T and A levels were about 50% higher than in healthy women. The responses of A and T to hCG [area under the curve (AUC), 96 h] were significantly higher in women with PCOS than in normal women [A,  $1183.6 \pm 60$  ( $\pm$ SE) vs.  $814.4 \pm 39$  ( $P \leq 0.001$ ); T,  $192.9 \pm 12$  vs.  $117.4 \pm 6$ ;  $P \leq 0.001$ ]. In PCOS women, the hCG-stimulated A levels correlated negatively with age (AUC of A:  $r = -0.044$ ;  $P = 0.004$ ), and a similar trend was also observed in AUC T levels (AUC of T:  $r = -0.125$ ,  $P = 0.425$ ). Despite the higher androgen secretion capacity in PCOS, the basal and hCG-stimulated serum estradiol levels were similar to those observed in normal women. LH correlated positively with age, but basal FSH and inhibin B levels remained unchanged. In conclusion, in PCOS basal serum levels of androgens and ovarian androgen secretion capacity are markedly increased and remain high throughout the reproductive years, although the decreasing ovarian capacity to release androgens in response to hCG stimulation seen in healthy women also occurs in PCOS.

L36 ANSWER 3 OF 7 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 2003:36245160 BIOTECHNO

TITLE: The normal ovary: Color flow Doppler of folliculogenesis

APPAREIL GENITAL FEMININ - OVAIRE NORMAL: L'OVAIRE NORMAL: LA FOLLICULOGENESE EN ECHO-DOPPLER COULEUR Ardaens Y.

AUTHOR: Y. Ardaens, Cabinet de Radiologie, 73, R. Jacquemars-Gielee, 59800 Lille, France.

SOURCE: Feuilletts de Radiologie, (2003), 43/1 (47-54), 21 reference(s)

CODEN: FERAD3 ISSN: 0181-9801

DOCUMENT TYPE: Journal; General Review

COUNTRY: France  
LANGUAGE: French  
SUMMARY LANGUAGE: English; French

AN 2003:36245160 BIOTECHNO

AB Technical advances in transvaginal color flow Doppler (slow blood-flow detection, Doppler power imaging) enable very clear visualization of ovarian blood flow. Along the menstrual cycle and during pregnancy, small blood vessels proliferate within the ovulating ovary, neo-angiogenesis spreads progressively inside the dominant follicle wall plays a role in the maintenance of the corpus luteum, under the influence of LH (or hCG during pregnancy). Color Doppler enables an assessment of follicular maturation in spontaneous or induced cycles and to differentiate organic from functional cyst particularly in case of intracystic bleeding. In conclusion, Ovarian Doppler ultrasounds are a useful and even mandatory complement to standard vaginal ultrasonography. It can be viewed as an indicator of the follicular "well-being".

L36 ANSWER 4 OF 7 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1992:23042152 BIOTECHNO

TITLE: Controlled preparation of the endometrium with exogenous oestradiol and progesterone: A novel regimen not using a gonadotrophin-releasing hormone agonist  
AUTHOR: Lelaidier C.; De Ziegler D.; Gaetano J.; Hazout A.; Fernandez H.; Frydman R.

CORPORATE SOURCE: Department Obstetrics Gynaecology, Hospital A Beclere, 157 rue de la Porte de Trivaux, 92141 Clamart, France.

SOURCE: Human Reproduction, (1992), 7/10 (1353-1356)

CODEN: HUREEE ISSN: 0268-1161

DOCUMENT TYPE: Journal; Article

COUNTRY: United Kingdom

LANGUAGE: English

SUMMARY LANGUAGE: English

AN 1992:23042152 BIOTECHNO

AB In women having inactive ovaries, controlled preparation of the endometrium has been achieved with exogenous oestradiol and progesterone. We report on the feasibility and practicality of using a similar regimen for timing transfers of cryopreserved embryos in women whose ovaries have not been suppressed. A total of 91 women having cryopreserved embryos from previous in-vitro fertilization (IVF) attempts received 4 mg/day of oestradiol valerate, starting on cycle day 1 of spontaneous (n = 85) or induced (n = 6) menstruation. A single blood sample was obtained on cycle day 14 for the measurement of plasma progesterone, oestradiol and luteinizing hormone (LH). Vaginal administration of micronized progesterone (300 mg/day) was started on day 15. Cryopreserved embryos were transferred on day 17 or 18 provided that day 14 plasma progesterone remained  $\leq 0.5$  ng/ml, thereby confirming the absence of spontaneous ovulation prior to the administration of exogenous progesterone. Out of 91 cycles studied, plasma progesterone was found to be elevated ( $> 1$  ng/ml) in only three (3.2%). Of the 88 scheduled transfers, 31 did not take place because no embryo survived thawing. In the remaining 57 cycles, 116 embryos were transferred resulting in 10 pregnancies, giving pregnancy and embryo implantation rates of 17.5 and 8.6% respectively. When a positive  $\beta$  human chorionic gonadotrophin (HCG) titre was obtained, supplementation with oral oestradiol and vaginal progesterone was continued until placental autonomy was achieved. Of the 10 pregnancies, five (50%) were lost during the first trimester (biochemical, n = 1; miscarriage, n = 3; ectopic, n = 1). Because the supplementation regimen is similar to that used successfully in the egg donation programme, this unusually high incidence of first trimester pregnancy loss is believed to be coincidental. Yet it cannot be formally

ruled out that the high miscarriage rate did not result from an inadequate preparation of the endometrium. When no transfer or no pregnancy occurred, resumption of menstrual cycles was prompt after oestradiol and progesterone treatment was discontinued on day 28. The value of this novel approach for timing transfers of cryopreserved embryos, involving the controlled preparation of the endometrium with oestradiol and progesterone, lies in its great clinical simplicity (only one hormonal sample) and practicality (2-week notice for scheduling transfers).

L36 ANSWER 5 OF 7 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1985:16205501 BIOTECHNO  
TITLE: Induction of ovulation by LH-RH pump  
INDUCTION DE L'OVULATION PAR POMPE A LH-RH  
AUTHOR: Fenichel P.  
CORPORATE SOURCE: Service d'Endocrinologie, Centre de Lutte contre  
l'Infertilité du CHU de Nice, Hopital de l'Archet,  
06012 Nice Cedex, France.  
SOURCE: Revue Francaise de Gynecologie et d'Obstetrique,  
(1985), 80/11 (849-855)  
CODEN: RFGOAO  
DOCUMENT TYPE: Journal; Article  
COUNTRY: France  
LANGUAGE: French  
SUMMARY LANGUAGE: English

AN 1985:16205501 BIOTECHNO

AB The induction of ovulation by pulsatile administration of LH-RH is an extremely attractive method because it appears to be entirely physiological. It only remains for the practical details to be precisely defined, when it is probable that it can ultimately replace induction by administration of HMG and hCG.

L36 ANSWER 6 OF 7 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN

ACCESSION NUMBER: 1983:13031113 BIOTECHNO  
TITLE: The ability of ultrasound to determine the time for  
harvesting preovulatory oocytes  
AUTHOR: Sundstrom P.; Persson P.H.; Liedholm P.; Wramsby H.  
CORPORATE SOURCE: Dep. Obstet. Gynecol., Univ. Lund, Gen. Hosp., S-21401  
Malmo, Sweden.  
SOURCE: Acta Obstetricia et Gynecologica Scandinavica, (1983),  
62/3 (219-223)  
CODEN: AOGSAE  
DOCUMENT TYPE: Journal; Article  
COUNTRY: Sweden  
LANGUAGE: English

AN 1983:13031113 BIOTECHNO

AB To achieve fertilization in vitro, it would seem important to harvest the oocytes just before ovulation. Monitoring of follicular growth by repeated ultrasonic examinations has been suggested as a method for determining the time for harvesting preovulatory oocytes. To assess the usefulness of this new method, 90 women were studied in three groups. Two groups (N = 71) received ovarian stimulation with clomiphene citrate/hCG or hCG alone; one group (N = 19) was untreated. Each woman was examined with ultrasound 2-3 hours before the operation, performed on day 14 of the menstrual cycle. Blood samples for progesterone analyses were obtained from day 11 to 17 of the menstrual cycle to determine ovulation day. In the unstimulated group, the operation did not coincide with the day of the progesterone rise in any of the women and no preovulatory oocytes were found. In the stimulated women, progesterone rise and operation day coincided in 42%; preovulatory oocytes were obtained in 45% of the women. Follicles

aspirated on the day of the progesterone rise were, on average, largest in diameter (20 mm, range 14-28 mm) and volume (3.3 ml, range 1-8 ml). When the follicles were  $\geq 20$  mm in diameter and the rise in progesterone occurred on the day of the operation, preovulatory oocytes were found in 63% of the women. If ultrasound failed to visualize follicles in an ovary, the chance of obtaining a preovulatory oocyte was 5.5%. False ultrasonic results were obtained in 29% of the women. In stimulated cycles, no improvement in the success rate of obtaining preovulatory oocytes would have been obtained if the operation day had been selected on the basis of one ultrasonic examination alone, compared with routine operation at midcycle. This lack of improvement was due to the wide range of the diameters of preovulatory follicles and to false results of the ultrasonic examinations. The investigation showed that the optimum time for harvesting fertilizable oocytes cannot be determined by ultrasound alone.

L36 ANSWER 7 OF 7 BIOTECHNO COPYRIGHT 2009 Elsevier Science B.V. on STN  
ACCESSION NUMBER: 1981:11040185 BIOTECHNO  
TITLE: Gonadotropin-binding sites in the rhesus monkey ovary:  
Role of the vasculature in the selective distribution  
of human chorionic gonadotropin to the preovulatory  
follicle  
AUTHOR: Zeleznik A.J.; Schuler H.M.; Reichert Jr. L.E.  
CORPORATE SOURCE: Dept. Physiol., Univ. Pittsburgh Sch. Med.,  
Pittsburgh, Pa. 15261, United States.  
SOURCE: Endocrinology, (1981), 109/2 (356-362)  
CODEN: ENDOAO  
DOCUMENT TYPE: Journal; Article  
COUNTRY: United States  
LANGUAGE: English  
AN 1981:11040185 BIOTECHNO  
AB These experiments were initiated to determine if differences exist in the  
vasculature of individual follicles in the rhesus monkey ovary during the  
late follicular phase of the menstrual cycle and to determine whether  
differences in vascularity result in differential exposure of certain  
follicles to gonadotropic hormones. The density of blood vessels within  
the thecal layer of the dominant follicle and other antral follicles was  
determined in ovaries from four animals removed on day 9 or 10 of the  
menstrual cycle. Blood vessels were identified using a  
histochemical stain for hemoglobin. Morphometric analysis indicated that  
the percentage of the thecal layer occupied by blood vessels in the  
dominant follicles (48%) was significantly greater ( $P < 0.005$ ) than that  
of other smaller antral follicles either within the same ovary as the  
dominant follicle (24%) or in the contralateral ovary (26%). To determine  
if differences in vascularity result in a differential supply of  
gonadotropins to the dominant follicle, the authors studied, by  
autoradiography, the in vivo and in vitro binding of  
 $\phi$ .sup.1.sup.2.sup.5I!hCG in four rhesus monkeys on day 9  
of the menstrual cycle. Results of in vitro binding studies indicated  
that the thecal layer of virtually every antral follicle possessed  
hCG-binding sites. However, when  $\phi$ .sup.1.sup.2.sup.5I!  
hCG was injected iv into animals and allowed to distribute via  
the vasculature, the dominant follicle was heavily labeled while other  
smaller antral follicles accumulated little, if any, radioiodinated  
hCG. These observations indicate that increased vascularization  
of individual follicles results in preferential delivery of  
gonadotropins, and suggest that blood flow to individual follicles may  
play an instrumental role in the selective maturation of the preovulatory  
follicle in the rhesus monkey.